

RECEIVED
2013 SEP 17 PM 2:03
FEC MAIL CENTER

Committee Name:

EMERGES PAC CD 00549063

If registered, FEC ID:

Today's Date:

08/29/13 AMENDED 9/13/13

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Form 1, Statement of Organization— Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,



Treasurer's Name:

SHAWN HAMMER, Treasurer

13031114661



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

**(AMENDMENT
REQUEST)**

RQ-1

September 12, 2013

SHAWN J. HARMON, TREASURER
EMERGES.COM INC POLITICAL ACTION
COMMITTEE AKA EMERGES PAC
1694 ANNE COURT, SUITE 5000
ANNAPOLIS, MD 21401-6515

Response Due Date
10/17/2013

IDENTIFICATION NUMBER: C00549063

REFERENCE: STATEMENT OF ORGANIZATION

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following 1 item(s):

- Your committee has omitted Page 4 of your Statement of Organization. Please be advised that you must disclose any banks or depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Please amend your Statement of Organization to provide this omitted information.

Note, you may refer to 2 U.S.C. §433, 11 CFR §102.2, and the instructions for the Statement of Organization (FEC FORM 1) for more detailed information of the registration requirements of political committees.

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. **Requests for extensions of time in which to respond will not be considered.**

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than

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EMERGES.COM INC POLITICAL ACTION COMMITTEE AKA EMERGES PAC

Page 2 of 2

just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1177.

Sincerely,



Brian Jones
Senior Campaign Finance Analyst
Reports Analysis Division

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13031114663

FEC
FORM 1

STATEMENT OF
ORGANIZATION
AMENDED

RECEIVED

2013 SEP 17 PM 2:03

Office Use Only

FEC MAIL CENTER

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

EMERGES.COM INC POLITICAL ACTION COMMITTEE
EMERGES PAC

ADDRESS (number and street)

1694 Anne Ct Ste 5000

◀ (Check if address
is changed)

SUITE 600 ←

Annapolis

CITY ▲

MD

STATE ▲

21401-6819

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

◀ (Check if address
is changed)

SHAWN.HARMON@EMERGES.COM

Optional Second E-Mail Address

DATA@EMERGES.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

◀ (Check if address
is changed)

WWW.EMERGES.COM

2. DATE

09/13/2013

3. FEC IDENTIFICATION NUMBER ▶

C 00549063

4. IS THIS STATEMENT

NEW (N)

OR

✓ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Shawn J. Harmon

Signature of Treasurer

Shawn J. Harmon

Date

09/13/2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee: **N/A**

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
CandidateParty Committee: **N/A**

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☒ Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative: **N/A**

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- N/A**
1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

1303111465

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

Full Name
of Treasurer

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

13031114666

Full Name of
Designated
Agent

SHAWN HARMON

Mailing Address

1694 ANNE CT

ANNAPOLIS

CITY

MD

STATE

21401-6515

ZIP CODE
21401-6515

Title or Position

CEO EMERGES.com INC.

Telephone number

410-353-6894

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SUN TRUST BANK # 0175

Mailing Address

COLIN MURPHY, MGR.

2122 GENERALS HWY.

ANNAPOLIS

4101224-6291

CITY

MD

STATE

21401

ZIP CODE

Name of Bank, Depository, etc.

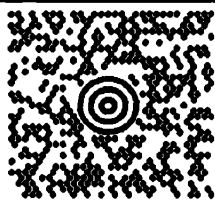

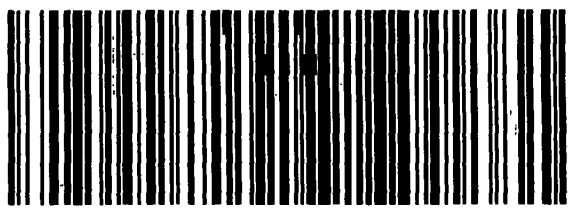

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	MD 201 9-83 		
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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>9/13/17</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JMP</i> PREPARER	<i>9/17/17</i> DATE PREPARED

(8/2013)

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